

**For Department Use Only**

Date Received: \_\_\_\_\_

Date Postmarked/Faxed: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## UNEMPLOYMENT INSURANCE APPLICATION

### PRE APPLICATION QUESTIONS MUST BE COMPLETED

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A. Were you in the military during the last 18 months?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Did you work for an agency of the federal government during the last 18 months?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Did you work in a state other than California during the last 18 months?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Have you applied for unemployment insurance benefits in another state during the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Did your employer or union give you a claim form for unemployment insurance benefits?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **NO** to all of the above questions (A through E) proceed.

If you answered **YES** to any of the above questions (A through E) do not complete this form, call 1 (800) 300-5616.

### PLEASE ANSWER ALL QUESTIONS ON EACH PAGE

If a question is not answered it may delay or prevent the filing of your claim, or cause benefits to be denied.

- Please complete this form with blue or black ink only.
- Please print or type information.

The answers you give to the questions on the application must be true and correct. You may be subject to penalties if you make a false statement or withhold information.

This application will take you approximately 30 minutes to complete.

1. What is your Social Security Number?	1. ____ - ____ - _____
2. List any other Social Security Numbers you have used.	2. a) ____ - ____ - _____ b) ____ - ____ - _____
3. What is your name?	3. Last _____ First _____ Middle Initial: ____
4. List any other names you have used.	4. _____ _____
5. What is your birth date?	5. ____/____/____ (mm/dd/yyyy)
6. What is your gender?	6. <input type="checkbox"/> Male <input type="checkbox"/> Female
7. a) Would you prefer your written material in English or Spanish? b) What is your preferred spoken language?	7. a) <input type="checkbox"/> English <input type="checkbox"/> Spanish b) _____
8. List the names of employers you worked for in the last 18 months. a) _____ b) _____	c) _____ d) _____
9. What is your telephone number?	9. (____) ____ - _____

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10. What is your <b>mailing</b> address? Include your city, state, and ZIP code.	10. Street: _____ City: _____ State: ____ ZIP Code _____
11. If you do not live in California, what is the name of the County in which you live?	11. _____
12. What is the highest grade of school you have completed? Check only one box. <input type="checkbox"/> Did not complete High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some college or vocational school <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Bachelor of Arts or Science <input type="checkbox"/> Masters or Doctorate	
13. Are you a Veteran?	13. <input type="checkbox"/> No <input type="checkbox"/> Yes
14. In the last 18 months, which employer did you work for the longest? a) How long did you work for that employer? b) What type of business did that employer operate? (Please be <b>specific</b> . For example, software manufacturing, legal services, retail furniture sales, road construction.) c) What kind of work did you do for that employer?	14. _____  a) Years ____ Months ____ b) _____  c) _____
Please provide information on your <b>very last employer</b> . This is the employer you last worked for regardless of the length of time you worked at that job, the type of work you did for that employer or whether or not you have been paid. <b>Reminder:</b> To file a claim, individuals must be out of work (for any reason), or working less than full time. You must provide information on the last employer you worked for as an employee. Do not include self-employment unless you have elective coverage.	
15. a) What is the last date you actually worked for your <b>very last employer</b> ? b) What are your gross wages for your last week of work? For unemployment insurance purposes, a week begins on Sunday and ends the following Saturday. c) What is the complete name of your <b>very last employer</b> ? d) What is the mailing address of this employer?  e) What is the telephone number of this employer? f) Why are you no longer working for your <b>very last employer</b> ? Check one box. (Lack of work includes temporary layoff, or on call status)	15. a) ____/____/____ (mm/dd/yyyy)  b) \$ ____ . ____  c) Name _____  d) Street: _____ City _____ State: ____ ZIP Code: _____  e) ( ____ ) ____ - ____  f) <input type="checkbox"/> Laid off, lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Strike or lockout <input type="checkbox"/> Still working part time
Briefly explain in your own words the reason you are no longer working for your <b>very last employer</b> , within the space provided. Please do not include any attachments. _____ _____	

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16. Do you expect to return to work for any former employer?	16. <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are you currently self-employed, or do you plan to become self-employed? (Self-employment means you have your own business or work as an independent contractor.)  If yes explain: _____ _____	17. <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you now, or have you been in the last 18 months an officer of a corporation or union or the sole or major stockholder of a corporation?  If yes explain: _____ _____	18. <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are you currently attending, or do you plan on attending school or training? If yes: a) What is the starting date of the school or training? b) What is the ending date of the current session? c) What is the name of the school? d) What is the telephone number of the school? e) What are the days and hours you are attending, or plan to attend, school?	19. <input type="checkbox"/> Yes <input type="checkbox"/> No  a) ____/____/____ (mm/dd/yyyy) b) ____/____/____ (mm/dd/yyyy) c) _____ d) (____) ____-____ e) _____ _____
20. What is your usual occupation?	20. _____
21. Are you available for immediate full-time work in your usual occupation? If no: a) Are you available for immediate part-time work in your usual occupation?  If no: b) Please explain why you are not available for work:	21. <input type="checkbox"/> Yes <input type="checkbox"/> No  a) <input type="checkbox"/> Yes <input type="checkbox"/> No  b) _____ _____
22. Are you receiving, or will you receive within the next 52 weeks, a pension other than Social Security or Railroad Retirement, which is based on your own work or wages?  If yes: a) How are you receiving your pension payments? b) Did you pay into your pension or retirement? c) Did any of the employers you worked for in the last 18 months pay into the pension fund? d) What is the name of the company paying into the pension? e) Who pays the pension check to you?	22. <input type="checkbox"/> Yes <input type="checkbox"/> No  a) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Lump sum b) <input type="checkbox"/> Yes <input type="checkbox"/> No c) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure d) _____ e) _____

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<p>23. Are you receiving, or do you expect to receive, Workers' Compensation?</p> <p>If yes:</p> <p>a) Who is the insurance carrier?</p> <p>b) What is the insurance carrier's telephone number?</p> <p>c) What is the case number, if known?</p> <p>d) What are the dates of your claim, if known?</p>	<p>23. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) _____</p> <p>b) (____) ____ - ____</p> <p>c) _____</p> <p>d) from: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)</p>												
<p>24. Have you received or do you expect to receive any payments from your last employer, other than your regular salary? (for example, holiday pay, vacation pay, severance, in-lieu-of-notice pay, etc.)</p> <p>If yes:   <b>Example:</b> Vacation Pay                      \$600.00                      10/07/2001                      10/20/2001</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Type of Payment</th> <th style="width: 25%;">Amount</th> <th style="width: 25%;">From (mm/dd/yyyy)</th> <th style="width: 25%;">To (mm/dd/yyyy)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Type of Payment	Amount	From (mm/dd/yyyy)	To (mm/dd/yyyy)								
Type of Payment	Amount	From (mm/dd/yyyy)	To (mm/dd/yyyy)										
<p>25. Are you a member of a union?</p> <p>If yes:</p> <p>a) What is your union name and local number?</p> <p>b) Through what date are your dues paid?</p> <p>c) Does your union look for work for you?</p> <p>d) Does your union control your hiring?</p> <p>e) Are you registered with your union as out of work?</p>	<p>25. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) _____</p> <p>b) ____/____/____ mm/dd/yyyy</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>26. Do you have a date to start work?</p> <p>If yes:</p> <p>a) What date will you start work?</p>	<p>26. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) ____/____/____ mm/dd/yyyy</p>												
<p>27. Are you an employee of a school, educational institution, or a training facility?</p> <p>If yes:</p> <p>a) Are you returning to work in the next school session?</p>	<p>27. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>28. Is your usual work seasonal?</p> <p>If yes:</p> <p>a) When does the season usually begin?</p> <p>b) When does the season usually end?</p> <p>c) What other work related skills do you have?</p>	<p>28. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) ____/____/____ mm/dd/yyyy</p> <p>b) ____/____/____ mm/dd/yyyy</p> <p>c) _____ _____</p>												

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<p>29. Are you a U. S. citizen or national?</p> <p>If no:</p> <p>a) Are you registered with INS and authorized to work in the United States?</p> <p>If yes:</p> <p>b) What is your Alien Registration Number?</p> <p>c) What is the expiration date of your work authorization?</p> <p>d) Were you legally entitled to work in the United States for the last 19 months?</p> <p>e) What is the title and number of the INS document you have?</p> <p><input type="checkbox"/> Green Card (I-151)</p> <p><input type="checkbox"/> Resident Alien Card (I-551)</p> <p><input type="checkbox"/> Permanent Resident Card (I-551)</p> <p><input type="checkbox"/> Employment Authorization Card (I-766)</p> <p><input type="checkbox"/> Stamp on Visa (That states: "Processed for I-551 Temporary Evidence of Lawful Admission of Permanent Residence valid until mmddyyyy, Employment Authorized.")</p>	<p>29. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) _____</p> <p>c) ____/____/____ (mm/dd/yyyy)</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) Check one box:</p> <p><input type="checkbox"/> Employment Authorization Card (I-688A)</p> <p><input type="checkbox"/> Temporary Resident Card (I-688)</p> <p><input type="checkbox"/> Employment Authorized (I-688B)</p> <p><input type="checkbox"/> Arrival/Departure Record (I-94)</p>
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## THE FOLLOWING TWO QUESTIONS ARE OPTIONAL:

<p>30. What race or ethnic group do you identify with? Check one box.</p> <table border="0"><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Black not Hispanic</td><td><input type="checkbox"/> Hispanic</td></tr><tr><td><input type="checkbox"/> American Indian/Alaskan Native</td><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> Chinese</td></tr><tr><td><input type="checkbox"/> Cambodia</td><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> Guamanian</td></tr><tr><td><input type="checkbox"/> Other Pacific Islander</td><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Japanese</td></tr><tr><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Laotian</td><td><input type="checkbox"/> Samoan</td></tr><tr><td><input type="checkbox"/> Vietnamese</td><td><input type="checkbox"/> Hawaiian</td><td><input type="checkbox"/> I choose not to answer</td></tr></table>	<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Cambodia	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> I choose not to answer	<p>31. Do you have a disability? (A disability is a physical or mental impairment that substantially limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.)</p>
<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Hispanic																	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese																	
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<p>31. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> I choose not to answer</p>																			

## YOU MAY SUBMIT THE COMPLETED APPLICATION:

<p>- By mail to the following address:</p> <p>EDD P.O. Box 419000 Sacramento, CA 95841-9000</p>	<p>- By FAX to the following telephone number:</p> <p>1-866-215-9159</p>
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